SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☑ NEW SEPTIC ☐ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 120623

Assigned Inspector: Patrick - Troy

☑ IP $250.00: SH 9/19/24 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

System denied. Please mail a copy of the denial letter. ✓ 10/28/24 (w)

120628

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#14973

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ◉ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 13934423
STREET ADDRESS: 11417 N Hampton Dr
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: Arlington Forest
LOT #: 161 LOT SIZE (acres): .78
TOWNSHIP:
◉ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 2,400
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ◉ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ◉ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ○ NO
HAS 8211 BEEN CONTACTED AND IDENTIFIED ANY UNDERGROUND UTILITIES ON THE PROPERTY			○ YES ◉ NO

IF YES, PLEASE LIST TICKET REFERENCE NUMBER: VISIT BY DATE:

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 3/24/2002 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 10/2/2024 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Paul Causey
ADDRESS: 4727 Murray st
CITY: Charlotte
STATE: NC ZIP: 28269
WORK PHONE: _____
MOBILE PHONE: (704) 309-5448
FAX: _____
E-MAIL: Tony@afshomebuyers.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

**Owner's Authorization form is required if legal representative is submitting application*

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

PC (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance. PC (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Paul Causey — Property Owner's or Owner's Legal Representative Signature

9/9/2024 — Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 6000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-8894 Email: Wellreg@MecklenburgCountyNC.gov

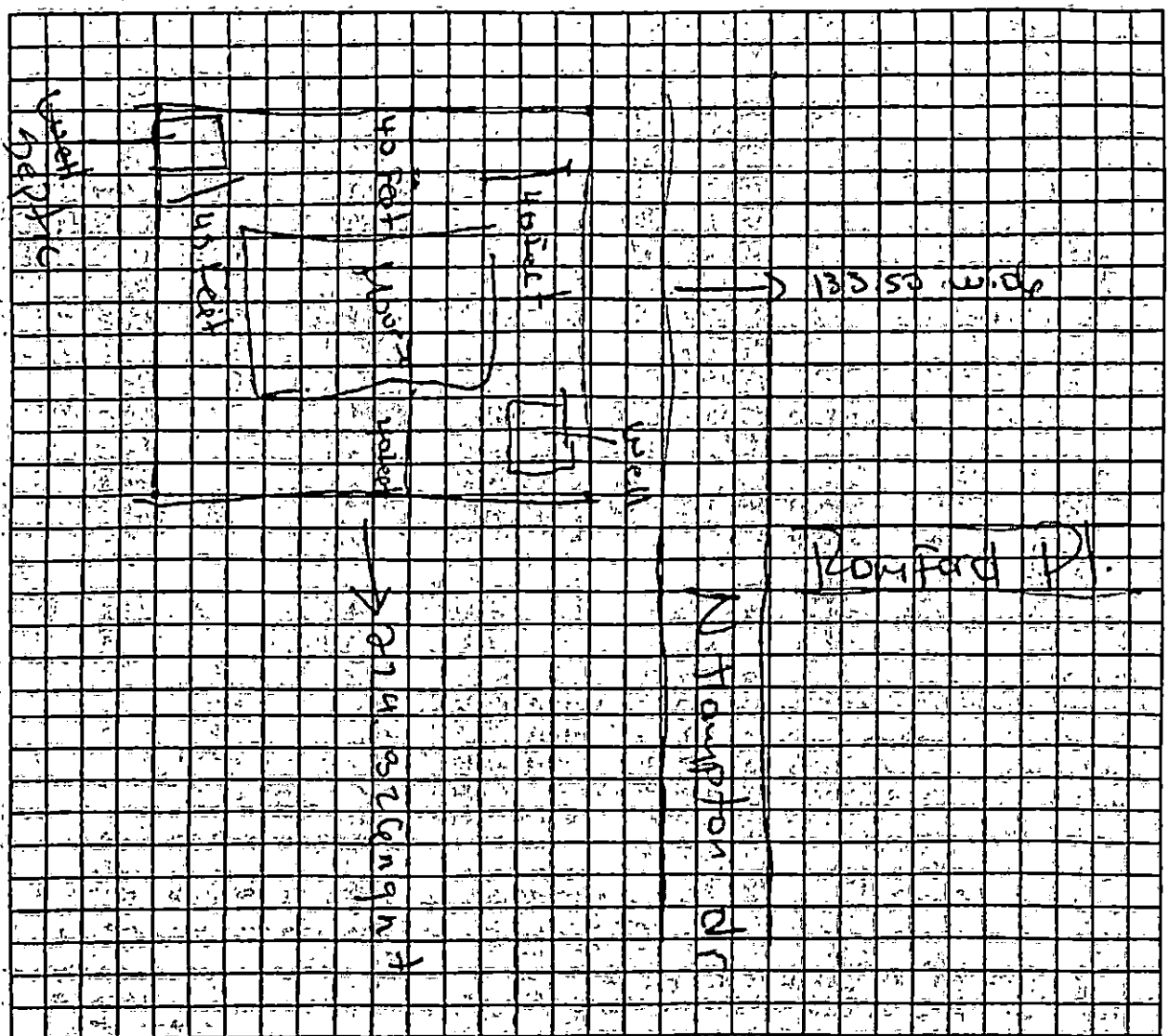
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: 13934423

Subdivision Name: Arlington Trace Lot #: 101



Paul Causey
Property Owner's or Owner's Legal Representative Signature

9/18/2024
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on 4/20/17

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/19/24	**Amount:**	250.00
Receipt #:	150966	**Tendered:**	250.00
Check / Auth #:	MC 09832J	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: PAUL CAUSEY
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 11417 N HAMPTON DR	1	250.00	250.00

Permit#

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
580.00			2,737.50		

Outlook

Septic Denial Letters

From Kling, Troy <Troy.Kling@mecklenburgcountync.gov>
Date Thu 10/24/2024 11:01 AM
To tony@afshomebuyers.com <tony@afshomebuyers.com>

3 attachments (2 MB)
klingtw_10-24-2024_10-55-41_2.pdf; klingtw_10-24-2024_10-55-41_1.pdf; klingtw_10-24-2024_10-55-41.pdf;

Hi Tony, please see the attached septic system denial letters for Arlington Forest Lots 164 and 161. I've also attached a copy of the relevant section of the NC 18e Septic Rules. Let me know when Lots 163 and 164 are marked (property lines/corners, house sites, appurtenances) and I will add the system layouts to my calendar.

Thank you

Troy Kling
Registered Environmental Health Specialist
Public Health | Environmental Health
Mecklenburg County Government
704-280-0684 | MeckNC.Gov

Mecklenburg County Confidentiality Statement

Soil & Site Evaluation Map



Map Created by: P. Mitchell
Date: 10/17/2024

PROPERTY INFO
Address: 11417 N Hampton Dr. - Lot #161
PID No.: 13934423

1 inch = 50 feet

Mecklenburg County
Groundwater & Wastewater Services

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

Property ID: 13934423
Lot #: 161
File #: 12062B
AppID: 14973

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Paul Causey
Applicant: AJ & Tony (AFS Home Buyers)
Address: 11417 North Hampton Dr.
Date Evaluated: 10/01 & 10/17, 2024
Proposed Facility: 4 BR SFR
Design Flow (.0400): 480 GPD
Property Size: 0.78 ac.
Location of Site: See file
Property Recorded: January 1975?
Water Supply: [ ] Public [X] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength

PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction Max Trench Depth (Low Side of trench)
1	L 2-4%	0 - 2	Mo, Gr, L	Fr, SS, NP	B	C-M: YB@ 5"+ Veins of G Chroma 2 EXP Clay @ 18"+	24"	US	N/A		US	---
		2 - 16	Mo-Wk, Abk, C	Fr, SS, SP	R							
		16 - 24	Wk, Abk to M, C	Fi-VFi, S-VS, P-VP, Mixed EXP	R / YB							
		24 - 29	M, CL-Sap.	Fi, S, P	M							
		29	Boring terminated									
2	L 3-5%	0 - 2	Mo, Gr, L	Fr, SS, NP	B	C: YB & Bl Mn concen. @ 6-14" F-C: G Chroma 2 deplet. @ 12-18" M: Chroma 2 @ 18"+	24"	N/A	14"		US	---
		2 - 14	Wk, Abk, C	Fr, SS, SP	R							
		14 - 26	Wk to M, C	VFi, VS, VP, EXP	YB / M							
		26	Boring terminated									

Description	Initial System	Repair System
Available Space (.0508)	---	---
System Type(s)	---	---
Site LTAR	US	
Maximum Trench Depth		

Soil Evaluation By: P. Mitchell, REHS, LSS
Soil Classification (.0502 - .0507): US
Other(s) Present:
Site Classification (.0509): ---

COMMENTS: Soils were unsuitable in the areas evaluated.

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

IMPROVEMENT PERMIT DENIAL

October 24, 2024

Paul Causey
4727 Murray Street
Charlotte, NC 28269

Re: Application for improvement Permit for property located at 11417 N. Hampton Drive, Parcel #139-344-23

Health Department File #12062B

To Whom It May Concern:

The Mecklenburg County Health Department, Environmental Health Division, on 10/17/2024 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your Improvement Permit application. According to your application the site is to serve a 4 bedroom residence with a design wastewater flow of 480 gallons per day. The evaluation was done in accordance with the laws and rules governing on-site wastewater systems in General Statutes 130A-333 to 345 and 15A NCAC 18E.

Based on the criteria set out in 15A NCAC 18E .0501 through .0602, the evaluation indicated that the site is **UNSUITABLE** for an on-site wastewater system. Therefore, we must deny your request for an Improvement Permit. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .0502)
- ☒ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .0503)
- ☒ Unsuitable soil wetness condition (Rule .0504)
- ☐ Unsuitable soil depth (Rule .0505)
- ☐ Unsuitable saprolite (Rule .0506)
- ☐ Presence of restrictive horizon (Rule .0507)
- ☐ Insufficient space for septic system and repair area (Rule .0508)
- ☐ Unsuitable for meeting required setbacks (Rule .0601 or .0602)
- ☐ Other (*Cite applicable rule*):_____

_____

_____

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water, or inside your structure.

The site evaluation included consideration of possible site modifications, as well as use of all possible systems approved under 15A NCAC 18E. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil such as off-site to additional property.

For the reasons set out above, the property is currently classified UNSUITABLE, and no Improvement Permit shall be issued for this site in accordance with Rule .0509(a) and (d).

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

A site classified as UNSUITABLE may be classified as SUITABLE if written documentation is provided that meets the requirements of Rule .0509(b) or (c). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as SUITABLE.

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the Department of Health and Human Services' Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 1711 New Hope Church Rd, Raleigh, NC 27609. To get a copy of a petition form, you may write the Office of Administrative Hearings, call the office at 984-236-1850, or download it from the OAH web site at http://www.oah.nc.gov. The petition for a contested case hearing must be filed in accordance with the provision of General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. General Statute 130A-335(g) provides that your hearing will be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 10/24/2024. Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, **you are required** by General Statute 150B-23 to serve a copy of your petition on the Registered Agent for the Department of Health and Human Services: Julie Cronin, Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in General Statute 150B-23 that you send a copy to the Office of General Counsel, Department of Health and Human Services.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Troy Kling, REHS
Registered Environmental Health Specialist
Groundwater & Wastewater Services | Public Health
Mecklenburg County Government
704-512-9831 | MeckNC.Gov